b. CITY (If outside corr OR Mar TOWN Mar TOWN Mar TOWN Mar TOWN Mar TOWN MAR OF (II HOSPITAL OR INSTITUTION: 3. NAME OF DECEASED (Type or Print) 5. SEX 16. C 16. C 17. C 18. USUAL OCCUPATION does during most of working 12. DOP'CT 13a. FATHER'S NAME Hir Pam Cre 15. WAS DECEASED EVER (Yes. 20. or unknown) (If y 11 O) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) "This does not mean the mode of dying, such as heart fallure, esthenia, etc. It means the discase, injury, or complica-	Saline rporate limite, write F r Shall If not in hospital or i Fitribl a. (First) Yohn COLOR OR RACE White ON (Give kind of work ag life, even if retired) etors R IN U.S. ARMED year, give war or dates 100	REG. DIST RURAL and give towns! Institution, give st DOTIS 110 17. MARRIED WIDOWED INC. 171 10b. KIND C	1 Week treet address or location Spital b. (Middle) Fd. Ward NEVER MARRIED, DIVORCED (Specify 1 ed) DISTR MOTHER'S MAID! SOCIAL SECURIT	PRIMARY REG 2. USUAL a. STATE C. CITY (II OR TOWN C. (L) Cret() 8. DATE OF May, (II) III. BIRTHPL Wheat(EN NAME yle	RESIDENCE Mo. outside sorporate lim Sla (II run 304 West ast) Pr S BIRTH Oth 1885 ACE (State or foreign on, Illi	(Where decease b. Its, write BURA ter I, give location) Harold 4. DATE OF DEATH 9. AGE (In last birth A. country)	d fived. If incommend of the country Saluani give town Street (Month) Dec.	2. 44 relitution: in line of the party of th	stidence bef edmission (1, 0, 7
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(Type or Print) 5. SEX 1112 1 e 6. C 1112 1 e 6. C 102. USUAL OCCUPATION does during most of working 12 DOP'C' 32. FATHER'S NAME Hi Pam Cre 5. WAS DECEASED EVER (Yes. no. or unknown) (II'y 11 O 18. CAUSE OF DEATH Enter only one cause per ine for (a), (b), and (c) "This does not mean he mode of dying, such us heart failure, asthenia, itc. It means the dis- case, injury, or complica- ion which caused death. 192. DATE OF OPERA-	a. (First) COLOR OR RACE VILLE ON (Give kind of work ag life, even if retired) CLOI'S R IN U.S. ARMED yes, give war or dates 100	7. MARRIED WIDOWED MALTY 10b. KIND C	b. (Middle) Edward Never Married, Divorced (Specify 1 ed) Distriction Dustre Mother's Maidle Do Social Securit	Cretc S DATE OF May, II. BIRTHPL Wheat EN NAME yle	ors BIRTH Oth 1885 ACE (State or foreless On, Ill	9. AGE (Iz	Dec .	O PAR DAYS E	150 F DROCK 21 HI Hours Min
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the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death.	I. DISEASE OR CO DIRECTLY LEAD ANTECEDENT C			CERTIFICATION OF THE	shad	Wals	uction	ONSET	AND DEATH
tion which caused death.	Morbid condition rise to the above of the underlying ca	CUTINE (B) NOTHING	DUE TO (c)	graci	oli Cari	inom	cum-	15	3 <u>X</u>
9a. DATE OF OPERA- TION	II. OTHER SIGNI Conditions contri related to the diser	ibuting to the dea	th but not	nie M	ocardi	us		yes	us
	19b. MAJOR FIN	IDINGS OF OPE	ERATION					1	TOPSY?
Pla. ACCIDENT (SUICIDE HOMICIDE	(Specify)		INJURY (e.g., in or about y, street, office bldg., str		OWN, OR TOWNS	IIP)	(COUNTY)	(5	STATE)
Id. TIME (Mosth) OF INJURY	(Day) (Year)	(Hour) 21e. WHILL MO	INJURY OCCURRED EAT NOT WHILE RK AT WORK	21f. HOW DI	NJURY OCCUR	7			
2. I hereby certify the	hat I attended	the deceased,	from Nov. 2 death occurred a	230 Pm	to <u>Occ.</u> , from the caus	9, 19 <u>5</u> es and on ti	, that I law he date state	st saw the	ie deceas
31. SIGNATURE	me	Surn	(Degree or little	Z3b. ADDRES	Slate	r, 1	По.		ATE SIGNE
Na. BURIAL, CREMA- TION, REMOVAL (Breakly) DUP121/	• 111		NAME OF CEMET.		1 '	ation (city later,	NO •	aty)	(State)
DATE REC'D BY LOCAL REG.	24b. DATE 12/11:	=158	y =		DIRECTOR'S	SIGNATURE	777	008639	

TO COMMED 12.18.50 DISTRICT HEALTH OFFICE No. 3 District File Humber

Date Filed 18 19-50

0\$6182 Jage

STAT	TMRNT	RV	LICENSED	EMBAT ME

I hereby certify that the body whose name is recorded on the reverse side of this	certificate was embalmed by me, or by
	Student Embelmer No
working under my personal supervision.	

Licensed Embalmer No. 3090

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license,)

If this body is not embalmed, fact should be so stated above.